

Application Data Sheet

Application Information

Application number::	Unassigned
Filing Date::	Herewith (10/22/03)
Application Type::	Regular
Subject Matter::	Utility
Title::	IMPLANTABLE MEDICAL DEVICES USING ZINC
Attorney Docket Number::	020154-001210US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Philippines
Status::	Full Capacity
Given Name::	Pamela
Family Name::	Cifra
City of Residence::	Hillsborough
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	6915 Skyline Blvd.
City of Mailing Address::	Hillsborough
State or Province of mailing address::	CA
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94010
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US

Status:: Full Capacity
Given Name:: Michael
Middle Name:: D.
Family Name:: Dake
Name Suffix:: M.D.
City of Residence:: Stanford
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 665 Gerona
City of Mailing Address:: Stanford
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94305

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Christopher
Family Name:: Elkins
Name Suffix:: Ph.D.
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1021 Woodside Ave.
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94061

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jacob
Middle Name:: M.

Family Name:: Waugh
Name Suffix:: M.D.
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 4020 El Camino Real, #2204
City of Mailing Address:: Palo Alto
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94306

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/421,336	10/25/02
	An Appn claiming benefit under 35 USC 119(e) of	60/421,278	10/25/02

Foreign Priority Information

Country::	Application number::	Filing Date::
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